

Welcome to my practice.

It is important to share some information with you at the beginning of our time together so that you know some of what to expect from psychotherapy. This document outlines my practice guidelines. Please read it carefully and consider any questions that you may have which we can discuss together. Please then sign it and return a copy to me. This will then be an agreement between us and your consent to begin therapy.

During our first session I will want to get to know you and also what brings you to psychotherapy. It is also a time for you to get to decide if you want to work with me as your therapist. Please feel free to ask me questions during this time that can inform your choice. Over the next few sessions we will gather more information, including relevant family history, early childhood and teenage experiences, personal and work relationships and medical history.

The way I work: I work from multiple perspectives including psychoanalytic, existential and biopsychosocial approaches. The emphasis will be determined based on your situation and reasons for coming to psychotherapy. My approach is respectful, careful and inquisitive. We may investigate the ways that your early experiences have shaped your current life situation, including the interaction between conscious and unconscious beliefs, emotions and desires.

There are numerous benefits that you may experience. These include peace of mind and enhanced ability to be loving and present in your relationships and in all areas of life; freedom from anxiety, guilt, judgement and envy; and greater capacity to make conscious choices about the way you want to live your life.

There are also risks in psychotherapy, including the experience of intense emotions like sadness, anger and frustration. You may recall unpleasant experiences. Everyone works at their own pace and some people feel worse before they feel better. Some relationships in your life may change or even end as a result of therapy. It is important to understand that these risks are part of personal growth and change and, whilst they may be painful, will lead to a better life experience.

As a psychologist I do not perform medical treatments or prescribe medication. If this is indicated I will refer you to an appropriate practitioner. I also do not see children.

Fees

The fee for a consultation is \$200. Payment is required at the time of consultation by cash, credit card, EFT or bank transfer. You may be able to claim a rebate through Medicare if you have a mental health care plan. Alternatively, you may be able to claim part of your fee through your private health fund.

Appointments: It is best to schedule appointments at the same time(s) every week. If you need to cancel or postpone your appointment, please provide at least 48 hours' notice. If less than 48 hours' notice is provided, you will be charged a cancellation fee of 50%. If no notice is provided, you will be charged 100% of the fee, for which no rebate will be available. I understand that emergencies do occur and I will take that into account with regard to cancellations. Contact me on 0458620032 to cancel or reschedule appointments.

Telephone calls: I will endeavour to return telephone calls as soon as possible. Telephone calls (except in emergencies) that exceed five minutes will be charged at the normal therapy rates.

Emergencies: I do not provide formal emergency services but will endeavour to be available as much as possible at times of difficulty. During business hours I can usually return calls within a few hours. Night-time or weekend calls will be returned the next business day. If you find yourself in a desperate situation and I am unavailable you may wish to seek alternative assistance (for example, your GP, emergency 000 or lifeline 24hr counselling service 13 11

14). If I am away for an extended period my answering machine will indicate this and my expected date of return.

Duty of care/ethics: I have a duty of care to everyone who I see as a client. If I believe that I am unable to assist someone I will discuss an appropriate referral with them.

I am registered with the Australian Health Practitioner Regulation Agency and abide by their Code of Ethics.

Information collection and storage

As part of providing a psychological service to you I will need to collect and record personal information from you that is relevant to your current situation. This information is a necessary part of your psychological assessment and treatment and is only viewed by me. The information is retained in order to document what happens during sessions and enable me to provide an informed service.

Confidentiality

All personal information gathered during sessions will remain confidential, unless:

1. It has been subpoenaed by a court or authorised by law.
2. Failure to do so would place you or another person at serious risk.
3. Your prior approval has been obtained.

As part of the Better Access program, Medicare requires that psychologists write a brief report to your GP during the course of treatment to ensure that you continue to receive a rebate.

I participate in regular supervision with a supervisor. Here the work we do together may be discussed. I also participate in group supervision, where I may share information about our work together in a non-identifiable way so that client identity is fully protected.

Ending therapy: At any time during our work together you have the right to end treatment without further obligation other than to pay what is owed. An orderly end to therapy has positive effects for clients and a final closure session has proved to be very important. It is suggested that you discuss openly with me your wish to end therapy prior to your last few sessions. Should further issues arise you are welcome to return at any time.

AGREEMENT

I have read this information fully and completely, I have discussed any questions I had about the information, and I understand the information.

Name (please print)

Signature

Signed: Kate James

Date

Central Psychotherapy

Client Information for Kate James

Full name: _____

Address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Any special instructions regarding contact?: _____

Date of Birth: _____

Are you taking any medications at present? No/Yes – Please List:

Please provide your General Practitioner's name and contact details:

Are you currently under the care of a psychiatrist? No/Yes –

If yes, please provide your Psychiatrist's name and contact details:

*All information is private and confidential including the content of sessions.
I will not contact your GP or Psychiatrist without your prior permission.*

Date: _____ Signed: _____

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